

Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

- ❖ Recognize the *diversity* of State approaches to SCHIP and allow States *flexibility* to highlight key accomplishments and progress of their SCHIP programs, **AND**
- ❖ Provide *consistency* across States in the structure, content, and format of the report, **AND**
- ❖ Build on data *already collected* by CMS quarterly enrollment and expenditure reports, **AND**
- ❖ Enhance *accessibility* of information to stakeholders on the achievements under Title XXI.

***Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT***

State/Territory: MINNESOTA
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

(Signature of Agency Head)

SCHIP Program Name(s): Minnesota Medical Assistance Program

SCHIP Program Type:

☒ Medicaid SCHIP Expansion Only
☐ Separate SCHIP Program Only
☐ Combination of the above

Reporting Period: Federal Fiscal Year 2001 (10/1/2000-9/30/2001)

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Submission Date: January 2, 2002

*(Due to your CMS Regional Contact and Central Office Project Officer by January 1, 2002)
Please cc Cynthia Pernice at NASHP (cpernice@nashp.org)*

SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP program changes and progress during Federal fiscal year 2001 (September 30, 2000 to October 1, 2001).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 2000 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 2000, please enter "NC" for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

- | | | |
|----|------------------------------------------------------------------------------|----|
| A. | Program eligibility | NC |
| B. | Enrollment process | NC |
| C. | Presumptive eligibility | NC |
| D. | Continuous eligibility | NC |
| E. | Outreach/marketing campaigns | NC |
| F. | Eligibility determination process | NC |
| G. | Eligibility redetermination process | NC |
| H. | Benefit structure | NC |
| I. | Cost-sharing policies | NC |
| J. | Crowd-out policies | NC |
| K. | Delivery system | NC |
| L. | Coordination with other programs (especially private insurance and Medicaid) | NC |
| M. | Screen and enroll process | NC |
| N. | Application | NC |
| O. | Other | NC |

1.2 Please report how much progress has been made during FFY 2001 in reducing the number of uncovered low-income children.

- A. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2001. Describe the data source and method used to derive this information. **NC**
- B. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.
Unknown.
- C. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State.

The small number enrolled in this infant SCHIP program does not have any effect on the rate of uninsured children in the state. We can report generally that enrollment of children under 21 in the MinnesotaCare Program continues to increase annually. Enrollment of children in the Minnesota Medical Assistance Program had remained stable in 1999 and 2000, but increased in 2001.

- D. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

X No, skip to 1.3

_____ Yes, what is the new baseline?

What are the data source(s) and methodology used to make this estimate?

What was the justification for adopting a different methodology?

What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

1.3 Complete Table 1.3 to show what progress has been made during FFY 2001 toward achieving your State's strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

- Column 1: List your State's strategic objectives for your SCHIP program, as specified in your State Plan.
- Column 2: List the performance goals for each strategic objective.
- Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator and denominator). Please attach additional narrative if necessary.

Note: If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter "NC" (for no change) in column 3.

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives related to Reducing the Number of Uninsured Children		
Expand access to health care insurance for uninsured infants	Reduce the number of uninsured children in Minnesota by enrolling low-income children under age 2 in the Medicaid program with income above 275% but equal to or less than 280% of FPG.	Data Sources: MMIS Methodology: NC Progress Summary: NC
		Data Sources: Methodology: Progress Summary:

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives Related to Increasing Medicaid Enrollment		
		Data Sources: Methodology: Progress Summary:
Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need)		
		Data Sources: Methodology: Progress Summary:
Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)		
		Data Sources: Methodology: Progress Summary:
Other Objectives		
		Data Sources: Methodology: Progress Summary:

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.

1.5 Discuss your State's progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives.

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.

- 1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here.**

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage: Not Applicable

- A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out.
- B. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2001 (10/1/00 - 9/30/01)?
____Number of adults
____Number of children
- C. How do you monitor cost-effectiveness of family coverage?

2.2 Employer-sponsored insurance buy-in: Not Applicable

- A. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s).
- B. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2001?
____Number of adults
____Number of children

2.3 Crowd-out: Not Applicable

- A. How do you define crowd-out in your SCHIP program?
- B. How do you monitor and measure whether crowd-out is occurring?
- C. What have been the results of your analyses? Please summarize and attach any available reports or other documentation.
- D. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information.

2.4 Outreach:

- A. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?
- B. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?
- C. Which methods best reached which populations? How have you measured effectiveness?

Response to A, B & C:

Minnesota does not target its tiny SCHIP population, but outreach activities are conducted to assist all eligible people in a family with enrollment in Minnesota health care programs. Some outreach activities are performed by public and private organizations receiving grant funds.

Outreach grantees in the urban area determined that the health care application process was breaking down once the form was submitted. To address this problem, some county agencies in the metropolitan area have agreed to arrange for both eligibility determinations and enrollment at the site of the outreach activity.

2.5 Retention:

- A. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP?

Minnesota recently completed a project funded by the Robert Wood Johnson Foundation to gather data to identify barriers to enrollment and retention for families and children. The state is now seeking funding to gather information on barriers from sources other than our data base, to implement changes in the enrollment and renewal process that have been identified, and to utilize pilot projects to test potential solutions to problems.

The 2001 Minnesota Legislature expanded premium-free coverage for children in Minnesota MA to 170% of poverty effective July1 , 2002.

B. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?

- ☒ Follow-up by caseworkers/outreach workers
- ☐ Renewal reminder notices to all families
- ☐ Targeted mailing to selected populations, specify population
- ☐ Information campaigns
- ☒ Simplification of re-enrollment process, please describe
- ☒ Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe
- ☒ Other, please explain: **Redesigning and rewriting all health care program informational material for specific target groups**

C. Are the same measures being used in Medicaid as well? If not, please describe the differences.
Yes, since SCHIP is a Medicaid expansion.

D. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?

A 12-month annual renewal period in the MinnesotaCare Program.

E. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information.

There is no data specifically on SCHIP children.

2.6 Coordination between SCHIP and Medicaid: Not Applicable to a Medicaid expansion

- A. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain.
- B. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes.
- C. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

2.7 Cost Sharing:

- A. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **Not Applicable**
- B. Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? If so, what have you found? **Not Applicable**

2.8 Assessment and Monitoring of Quality of Care:

Response for all items: The same as in Medicaid: EQRO, encounter data, HEDIS data, and specialized studies.

- A. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results
- B. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?
- C. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available?

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2001 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter “NA” for not applicable.

NA on All

- A. Eligibility
- B. Outreach
- C. Enrollment
- D. Retention/disenrollment
- E. Benefit structure
- F. Cost-sharing
- G. Delivery system
- H. Coordination with other programs
- I. Crowd-out
- J. Other

SECTION 4: PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

- 4.1 **Please complete Table 4.1 to provide your budget for FFY 2001, your current fiscal year budget, and FFY 2002-projected budget. Please describe in narrative any details of your planned use of funds.**

Note: Federal Fiscal Year 2001 starts 10/1/00 and ends 9/30/01).

	Federal Fiscal Year 2001 costs	Federal Fiscal Year 2002	Federal Fiscal Year 2003
Benefit Costs	40,778.44	10,000	10,000
Insurance payments	0		
Managed care	33,897.02		
Per member/per month rate X # of eligibles	Range of \$145.22 to \$1,293.38		
Fee for Service	6,881.42		
Total Benefit Costs			
(Offsetting beneficiary cost sharing payments)	0		
Net Benefit Costs	40,778.44		
Administration Costs	0		
Personnel			
General administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/marketing costs			
Other			
Total Administration Costs	0		
10% Administrative Cost Ceiling			
Federal Share (multiplied by enhanced FMAP rate)	26,824.06		
State Share	13,954.38		
TOTAL PROGRAM COSTS	40,778.44		

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2001. Not applicable.

4.3 What were the non-Federal sources of funds spent on your SCHIP program during FFY 2001?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations (such as United Way, sponsorship)
- ☐ Other (specify)

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures. No

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Program Name	Minnesota Medical Assistance	
Provides presumptive eligibility for children	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?	<input type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?
Provides retroactive eligibility	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, for whom and how long?	<input type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?
Makes eligibility determination	<input type="checkbox"/> State Medicaid eligibility staff <input type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input checked="" type="checkbox"/> Other (specify) County agency financial workers	<input type="checkbox"/> State Medicaid eligibility staff <input type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input type="checkbox"/> Other (specify)
Average length of stay on program	Specify months	Specify months
Has joint application for Medicaid and SCHIP	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has a mail-in application	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Can apply for program over phone	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Can apply for program over internet	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Requires face-to-face interview during initial application	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months What exemptions do you provide?	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months What exemptions do you provide?

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Provides period of continuous coverage <u>regardless of income changes</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months Explain circumstances when a child would lose eligibility during the time period	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months Explain circumstances when a child would lose eligibility during the time period
Imposes premiums or enrollment fees	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, how much? Who Can Pay? <input type="checkbox"/> Employer <input type="checkbox"/> Family <input type="checkbox"/> Absent parent <input type="checkbox"/> Private donations/sponsorship <input type="checkbox"/> Other (specify)	<input type="checkbox"/> No <input type="checkbox"/> Yes, how much? Who Can Pay? <input type="checkbox"/> Employer <input type="checkbox"/> Family <input type="checkbox"/> Absent parent <input type="checkbox"/> Private donations/sponsorship <input type="checkbox"/> Other (specify)
Imposes copayments or coinsurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Provides preprinted redetermination process	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, we send out form to family with their information precompleted and: <input type="checkbox"/> ask for a signed confirmation that information is still correct <input type="checkbox"/> do not request response unless income or other circumstances have changed	<input type="checkbox"/> No <input type="checkbox"/> Yes, we send out form to family with their information and: <input type="checkbox"/> ask for a signed confirmation that information is still correct <input type="checkbox"/> do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.

The redetermination process uses a shortened form with 10 questions to ask for updated employment, adding coverage for other family members, types of income, and other health insurance. The form can be submitted by mail. Once the worker processes the renewal, notice of renewal or nonrenewal is sent to each enrolled family member.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

- 6.1 As of September 30, 2001, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.**

**Title XIX Child Poverty-related Groups or
Section 1931-whichever category is higher**

275% of FPL for children **under age 2**

133% of FPL for children **aged 2 - 5**

100% of FPL for children **aged 6 and above born after
9/30/83**

Medicaid SCHIP Expansion

280% of FPL for children **under age 2**

___ % of FPL for children aged ___

___ % of FPL for children aged ___

Separate SCHIP Program

___ % of FPL for children aged ___

___ % of FPL for children aged ___

___ % of FPL for children aged ___

- 6.2 As of September 30, 2001, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income? Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter "NA".**

Do rules differ for applicants and recipients (or between initial enrollment and redetermination)

___ Yes **X** No

If yes, please report rules for applicants (initial enrollment).

Table 6.2			
	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	Separate SCHIP Program
Earnings	\$ varies w/ income	\$ varies w/ income	\$
Age 2 and older: \$90 +30 + 1/3 of remaining income according to AFDC			
Birth to age 2: standard work incentive disregard by family size	\$140 (family of 2)	\$140 (family of 2)	
Self-employment expenses: IRS allowed deductions, except NOL, depreciation, retirement contributions, charitable deductions, capital expenditures, payments on principal balance of loans.	Case specific	Case specific	\$
Alimony payments Received	\$ 50	\$ 50	\$
Paid	\$ 0	\$ 0	\$
Child support payments Received	\$ 50	\$ 50	\$
Paid	\$ 0	\$ 0	\$
Child care expenses	\$175/child	\$ 0	\$
Medical care expenses	\$ 0	\$ 0	\$
Gifts	\$ 30	\$ 30	\$
Other types of disregards/deductions (specify): - Self-employment, in-home day care - self-employment, home office costs - self-employment transportation @ IRS mileage rate - self-employment rental income: greater of \$103/yr or 2% of estimated market value of home - self-employment, room & board: Roomer Boarder R & B - self-employment farm income: all expenses associated with producing income, with add-backs noted above in self-employment	60% of gross receipts case specific case specific case specific \$71/mo \$127/mo \$198/mo case specific	All are the same as in Title XIX	\$

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups

 X No ___ Yes, specify countable or allowable level of asset test _____

Medicaid SCHIP Expansion program

☒ No ☐ Yes, specify countable or allowable level of asset test _____

Separate SCHIP program

☐ No ☐ Yes, specify countable or allowable level of asset test _____

Other SCHIP program _____

☐ No ☐ Yes, specify countable or allowable level of asset test _____

6.4 Have any of the eligibility rules changed since September 30, 2001?

☐ Yes ☒ No

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2002 (10/1/01 through 9/30/02)? Please comment on why the changes are planned.

We will be submitting an amendment to add other health initiatives for low-income children.

A. Family coverage N/A

B. Employer sponsored insurance buy-in N/A

C. 1115 waiver:

In June 2001 Minnesota received approval for a §1115 waiver under SCHIP to cover parents in MinnesotaCare with income between 100% and 200% of the federal poverty level.

D. Eligibility including presumptive and continuous eligibility

E. Outreach:

In addition to continuing the use of grants for health care program outreach purposes, Minnesota currently have a pilot project with 13 school districts called “Express Lane Eligibility”. The project uses school lunch information to help identify families potentially eligible for health care program coverage. Families receive a pre-printed application and are given information about health care

programs and where to submit the application. At the end of a year a decision will be made whether to extend the project statewide.

- F. Enrollment/redetermination process
- G. Contracting
- H. Other